

## THE COMMONWEALTH OF MASSACHUSETTS HUMAN RESOURCES DIVISION ONE ASHBURTON PLACE, BOSTON, MA 02108 Agency-Funded Registration Form (Winter/Spring 2006)

## HRD WILL NOT PROCESS REGISTRATIONS WITHOUT REQUIRED (\*) INFORMATION.

Participant Information		
*Select one:	State Employee	Non-State Employee
Name: (Please Print Clearly)		
*Employee ID: (For Commonwealth Employees, Employee ID appears on Pay Advice. For municipal and non-profit registrants, an ID number will be assigned.)		
*Email Address: (For Commonwealth Employees, use the address found in the Global Email Address List.)		
Department:		
Telephone:	Ext:	
Course Information		
Course Name		
Course Location:		
Course Start Date:	Course	e Fee:
Special Accommodations* (Specify)		
Signatures/E-mail Addresses (Required or form will be returned. Please print clearly.)		
*Supervisor Name:		
*Supervisor Signature:		
*Supervisor e-mail address: (For Commonwealth Employees, use the address found in the Global E-mail Address List.)		
Telephone:	Ext:	
DTLO Information	<u>.</u>	
Submit completed form to your Department Training Liaison Officer (DTLO). Important: All registrations MUST include a funding source for processing. For Commonwealth Employees, the funding source is a valid Pay Org number for the agency. For all others, please indicate the number of the check sent for payment.		
*Pay Org (State employees):		
*DTLO Name:		
*DTLO e-mail address: (For Commonwealth Employees, use the address found in the Global E-mail Address List.)		
*DTLO Signature:		

## Send or fax completed form to:

REGISTRATION COORDINATOR
HUMAN RESOURCES DIVISION - TRAINING & LEARNING DEVELOPMENT

One Ashburton Place, Room 201 Boston, MA 02108 Fax: 617-727-4331

Contact the Training & Learning Development at: (617) 878-9827